

Public Health Committee Members,

My PUBLIC HEARING TESTIMONY for Wednesday, March 20, 2013, concerning HB #6645 is as follows

...

I am speaking out in response to HB 6645 advocating Physician-assisted Suicide or providing a vehicle for PAS ... also known as "right to die," or "aid in dying." As I am sure you are aware, these bills are not the first attempt to legalize physician-assisted suicide in Connecticut. A similar proposal was killed in committee in 2009. I wish to see this current proposed bill defeated also.

I am also asking that each of you continue to educate yourself to the fullest extent as to why you should not be a part of voting for this or similar bills. Please take the time, again, to delve FULLY into this issue; leaving no stone unturned in researching the downsides of this legalized bill in two other states. In Oregon for example, there are well- publicized cases, including published letters from doctors, showing that the two-doctor approach failed to protect vulnerable patients - including the chronically ill and disabled, and the elderly ... such as when the second doctor does not approve PAS and the patient is euthanized anyway.

Other documented situations in Oregon concern cases where a patient's heirs shop for pro-suicide doctors, as happened to KATE CHENEY; and when both doctors misdiagnose, such as in the case of MARYANNE CLAYTON, who was erroneously told she had four months to live. These are just brief samples from a variety of problems in Oregon that can be easily researched.

Here are just a few of the reasons why I am against any bill promoting or permitting euthanasia and/or physician-assisted suicide:

*The sick, elderly, poor and disabled are extremely vulnerable. With the rising cost of medical care, one can see the pressure to END life, rather than to continue it with appropriate and compassionate treatment. Often in these situations the patient's main motivation in choosing to purposely end life, when this option is offered, is not totally subscribed to their wish for themselves, as much as it is motivated by the thought of being a burden to their families.

***The American Medical Association has taken a strong position against PAS legislation, citing that pain management is available for the dying person in pain. I can attest to this in the situation of my own husband throughout his illness, and especially in his last days. Our experience was that pain management was compassion-motivated, readily available, precise, and effective.**

***The availability of well-established Hospice care facilities ensures completely humane end of life care, involving the patient and his family, with appropriate pain management and very gratifying outcomes overall, even though a patient is terminally ill and dying. This level of care is readily available throughout Connecticut. I am currently a volunteer at Hospice, and I can attest to the fact that this is state-of-the-art care. I have observed for myself the wonderful pain management system in place there. The patient himself gets to participate from the outset, and throughout his last days, in the level of pain management he desires. The idea of adding the consideration of euthanasia to the mix when a patient has a terminal illness is just an extra burden for those involved with decision-making, and totally unnecessary. Hospice is a positive and peaceful place, as I have heard over and over, both from patients and from their families.**

***Finally, as a (retired) RN, with experience in various nursing disciplines, I can say that physician-assisted suicide, or euthanasia, is an abomination and an aberration. With the level of care that the terminally ill and dying patients have access to in Connecticut ... including the poor and the indigent ... there is no need medically, ethically, or even practically to pass such a bill, which will have more downsides and complications in the long run than positive outcomes.**

I hope that I can count on your support to defeat any and all physician-assisted suicide, and euthanasia bills in the State of Connecticut.

Sincerely,

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